

INVESTIGATOR'S SUPPLEMENTAL TRUCK AND BUS ACCIDENT REPORT

This form must be completed in **addition** to the DR Form 40, "Investigator's Motor Vehicle Accident Report," if any of the vehicles involved meet the criteria listed on the back of this form.

Sheet of ...

AGENCY CASE NUMBER:	DATE OF ACCIDENT:	COUNTY:	FOR STATE USE ONLY
CITY:	OCCURRED ON HIGHWAY/ROAD/STREET:		
			Dist.

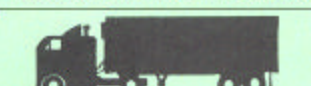

TRUCK / BUS - 1

DRIVER: (Print or type full name)		NUMBER OF AXLES (Including trailer)	GROSS VEHICLE WEIGHT RATING (Combined rating for vehicle and trailer)
CARRIER NAME: (Print or type full name)		CARRIER NAME SOURCE	CARRIER IDENTIFICATION NUMBER
CARRIER ADDRESS: (Street or R.F.D.)		CITY, STATE, ZIP:	
		1 <input type="checkbox"/> Vehicle Side	1 U.S. DOT _____
		2 <input type="checkbox"/> Shipping Papers	2 ICC MC _____
		3 <input type="checkbox"/> Driver or Logbook	3 ST _____ No. _____
COMMERCE CLASSIFICATION (check one)	TRUCK WIDTH (widest part of truck or trailer)	SEQUENCE OF EVENTS (Indicate the order of events by Code No. for this vehicle)	
1 <input type="checkbox"/> Interstate Commerce	1 <input type="checkbox"/> 96 inches	SEQUENCE CODE NO.	CODE NO.
2 <input type="checkbox"/> Intrastate Commerce	2 <input type="checkbox"/> 102 inches	1st Event <input type="checkbox"/>	1 Ran off road
3 <input type="checkbox"/> Not Applicable	3 <input type="checkbox"/> Other (Specify)	2nd Event <input type="checkbox"/>	2 Jackknife
		3rd Event <input type="checkbox"/>	3 Overtake
		4th Event <input type="checkbox"/>	4 Downhill runaway
			5 Cargo loss or shift
			6 Explosion or fire
			7 Separation of units
			8 Collision with pedestrian
			9 Collision with vehicle in transport
			10 Collision with parked vehicle
			11 Collision with train
			12 Collision with pedalcycle
			13 Collision with animal
			14 Collision with fixed object
			15 Collision with other object
			16 Other (Specify)
VEHICLE CONFIGURATION (check one)	CARGO BODY TYPE (check one)	HAZARDOUS MATERIAL INVOLVED	
1 <input type="checkbox"/> Bus	1 <input type="checkbox"/> Bus	Did vehicle have a HAZ MAT Placard?	Placard Information:
2 <input type="checkbox"/> Single-Unit Truck: 2 axles, 6 tires	2 <input type="checkbox"/> Van/Enclosed Box	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	4-Digit I.D. or Name (from box or diamond)
3 <input type="checkbox"/> Single-Unit Truck: 3 or more axles	3 <input type="checkbox"/> Cargo Tank		1-Digit (from box or diamond)
4 <input type="checkbox"/> Single-Unit Truck tractor (bobtail)	4 <input type="checkbox"/> Flatbed		Was hazardous cargo released? (do not count fuel from fuel tank)
5 <input type="checkbox"/> Truck with Trailer	5 <input type="checkbox"/> Dump		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
6 <input type="checkbox"/> Tractor with Semi-Trailer	6 <input type="checkbox"/> Concrete Mixer		
7 <input type="checkbox"/> Tractor with Doubles	7 <input type="checkbox"/> Auto Transporter		
8 <input type="checkbox"/> Tractor with Triples	8 <input type="checkbox"/> Garbage/Refuse		
9 <input type="checkbox"/> Unknown Heavy Truck	9 <input type="checkbox"/> Other (Specify)		

TRUCK / BUS - 2

DRIVER: (Print or type full name)		NUMBER OF AXLES (Including trailer)	GROSS VEHICLE WEIGHT RATING (Combined rating for vehicle and trailer)
CARRIER NAME: (Print or type full name)		CARRIER NAME SOURCE	CARRIER IDENTIFICATION NUMBER
CARRIER ADDRESS: (Street or R.F.D.)		CITY, STATE, ZIP:	
		1 <input type="checkbox"/> Vehicle Side	1 U.S. DOT _____
		2 <input type="checkbox"/> Shipping Papers	2 ICC MC _____
		3 <input type="checkbox"/> Driver or Logbook	3 ST _____ No. _____
COMMERCE CLASSIFICATION (check one)	TRUCK WIDTH (widest part of truck or trailer)	SEQUENCE OF EVENTS (Indicate the order of events by Code No. for this vehicle)	
1 <input type="checkbox"/> Interstate Commerce	1 <input type="checkbox"/> 96 inches	SEQUENCE CODE NO.	CODE NO.
2 <input type="checkbox"/> Intrastate Commerce	2 <input type="checkbox"/> 102 inches	1st Event <input type="checkbox"/>	1 Ran off road
3 <input type="checkbox"/> Not Applicable	3 <input type="checkbox"/> Other (Specify)	2nd Event <input type="checkbox"/>	2 Jackknife
		3rd Event <input type="checkbox"/>	3 Overtake
		4th Event <input type="checkbox"/>	4 Downhill runaway
			5 Cargo loss or shift
			6 Explosion or fire
			7 Separation of units
			8 Collision with pedestrian
			9 Collision with vehicle in transport
			10 Collision with parked vehicle
			11 Collision with train
			12 Collision with pedalcycle
			13 Collision with animal
			14 Collision with fixed object
			15 Collision with other object
			16 Other (Specify)
VEHICLE CONFIGURATION (check one)	CARGO BODY TYPE (check one)	HAZARDOUS MATERIAL INVOLVED	
1 <input type="checkbox"/> Bus	1 <input type="checkbox"/> Bus	Did vehicle have a HAZ MAT Placard?	Placard Information:
2 <input type="checkbox"/> Single-Unit Truck: 2 axles, 6 tires	2 <input type="checkbox"/> Van/Enclosed Box	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	4-Digit I.D. or Name (from box or diamond)
3 <input type="checkbox"/> Single-Unit Truck: 3 or more axles	3 <input type="checkbox"/> Cargo Tank		1-Digit (from box or diamond)
4 <input type="checkbox"/> Single-Unit Truck tractor (bobtail)	4 <input type="checkbox"/> Flatbed		Was hazardous cargo released? (do not count fuel from fuel tank)
5 <input type="checkbox"/> Truck with Trailer	5 <input type="checkbox"/> Dump		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
6 <input type="checkbox"/> Tractor with Semi-Trailer	6 <input type="checkbox"/> Concrete Mixer		
7 <input type="checkbox"/> Tractor with Doubles	7 <input type="checkbox"/> Auto Transporter		
8 <input type="checkbox"/> Tractor with Triples	8 <input type="checkbox"/> Garbage/Refuse		
9 <input type="checkbox"/> Unknown Heavy Truck	9 <input type="checkbox"/> Other (Specify)		

EXAMPLES OF VEHICLE CONFIGURATION CATEGORIES

1 BUS	2 SINGLE-UNIT (2 Axle; 6 Tire)	3 SINGLE-UNIT (3 or more axles)	4 SINGLE-UNIT TRUCK TRACTOR
			
5 TRUCK WITH TRAILER	6 TRACTOR WITH SEMI-TRAILER	7 TRACTOR WITH DOUBLES	8 TRACTOR WITH TRIPLES
			

INVESTIGATOR'S PRINTED OR TYPED NAME:	INVESTIGATOR'S SIGNATURE:	DEPARTMENT:	OFFICER NO.:	DATE OF REPORT: